



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/099,771
		Filing Date	March 15, 2002
		First Named Inventor	Scott D. Redmond
		Art Unit	1764
		Examiner Name	Nina Bhat
Total Number of Pages in This Submission	126	Attorney Docket Number	6049P001

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response,	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Three (3) cited references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 5, 2006

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Brent E. Vecchia
Signature	
Date	May 5, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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1764 \$

# FEE TRANSMITTAL

## for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

240.00

Complete if Known	
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### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                          | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |
| under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.   |   |

### FEE CALCULATION

#### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	31	31* = <input type="text"/> 0	x <input type="text"/> 25.00 = <input type="text"/> \$0.00	
Independent Claims	3	3* = <input type="text"/> 0	x <input type="text"/> 100.00 = <input type="text"/> \$0.00	
Multiple Dependent			= <input type="text"/>	

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple Dependent claim, if not paid		
1204 790	2204 395	**Reissue independent claims over original patent		
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (1)</b>		<b>(\$)</b> <b>0.00</b>		

\*\*or number previously paid, if greater, For Reissues, see below

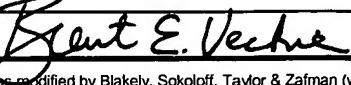
#### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.			
2053 130	2053 130	Non-English specification			
1251 120	2251 60	Extension for reply within first month			60.00
1252 450	2252 225	Extension for reply within second month			
1253 1,020	2253 510	Extension for reply within third month			
1254 1,590	2254 795	Extension for reply within fourth month			
1255 2,160	2255 1,080	Extension for reply within fifth month			
1401 500	2401 250	Notice of Appeal			
1402 500	2402 250	Filing a brief in support of an appeal			
1403 1,000	2403 500	Request for oral hearing			
1451 1,510	2451 1,510	Petition to institute a public use proceeding			
1460 130	2460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify)		<b>SUBTOTAL (2)</b>			<b>(\$)</b> <b>240.00</b>

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	05/05/06